



IDAHO

DEPARTMENT OF FINANCE

C. L. "BUTCH" OTTER
Governor

GAVIN M. GEE
Director

Application for Licensure Under the Idaho Collection Agency Act
(includes collection agencies, debt/credit counselors, debt buyers and credit repair organizations)

- ◆ Attached is the application for licensure under the Idaho Collection Agency Act. Please read the instructions carefully for information on attachments and materials required. Once the license is approved, it will remain in effect until March 15, unless otherwise surrendered, revoked or suspended. Licenses should be prominently displayed at the licensed location appearing on the license.
- ◆ Application Fee of \$150 should be made payable to the Idaho Department of Finance. Application packages are to be delivered to the addresses noted at the bottom of this letter. All approved licenses will be mailed to the *licensed location*.
- ◆ Renewal information is mailed to the licensee, and forms are posted to the Department's website approximately January 15 annually and must be filed and complete, along with renewal fee and agent fees, by midnight, March 15 annually.
- ◆ Quarterly Notification of Agents, Form CA4 and \$20 fee per agent, are required to be filed on any new agent in the licensee's employ for 30 days. Forms are available in the collection agency forms section of the Department's website at <http://finance.idaho.gov>.
- ◆ It is necessary to inform the Department of Finance prior to any change that affects your business structure, name, assumed business name, officers, directors or other control persons, responsible person in charge, bond coverage or provider, business or trust account information, or other information to keep the filed application current. Additional documents may be necessary. Changes to the licensee's structure will require submission of a full new application package and appropriate fee. There is no fee related to other changes to the license.
- ◆ Notification of an address change for the "home/main" office requires an advance amendment filing of Form CA1 to the Department. Licensable activity may not be conducted until a new license is issued reflecting the new address. Licenses are not transferable. Notification of office closure(s) must be submitted to the department along with evidence of compliance with the discontinuance of operations requirements under Idaho Code § 26-2246.
- ◆ Any person may verify that your license is active and in good standing, once approved, by checking the approved collection agency licensee lists at <http://finance.idaho.gov>. Information is updated in live time.

Any further question, please contact us at (208) 332-8002.

CONSUMER FINANCE BUREAU
800 Park Blvd, Suite 200, Boise, ID 83712
Mail To: P.O. Box 83720, Boise ID 83720-0031
Phone: (208) 332-8002 Fax: (208) 332-8096
<http://finance.idaho.gov>

PROTECTING THE INTEGRITY OF IDAHO FINANCIAL MARKETS

**LICENSE APPLICATION FORM FOR COLLECTION AGENCIES, DEBT/CREDIT COUNSELORS,
DEBT BUYERS, & CREDIT REPAIR ORGANIZATIONS
FORM CA1 INSTRUCTIONS**

A. GENERAL INSTRUCTIONS

1. **FILING** – Form CA1 is the License Application Form for Collection Agencies, Debt/Credit Counselors, Debt Buyers, & Credit Repair Organizations.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant*.
4. **DATES** – The filing date is the date *applicant* submits this form to the Idaho Department of Finance. The desired effective date is the date *applicant* would like an amendment to become effective.
5. **AMENDMENTS** – The *applicant* must update information as required by submitting amendments using Form CA1. Circle (or otherwise identify) and complete the item(s) being amended as well as the name of the *applicant* and license number where applicable.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.
7. **SURRENDER / CANCEL** – When an *applicant* decides to cease operations under the license, use the Form CA1 to notify the Idaho Department of Finance by checking the "Surrender/Cancel" box and completing only items 1A, 2, and 3.

B. FILING INSTRUCTIONS

1. FORMAT

- A. Submit a fully completed Form CA1 when the *applicant* is filing for the first time.
- B. For the initial Form CA1 filing, the Execution section must include notarized original manual signature.
- C. Type or print all information clearly and legibly.
- D. Use only the current version of Form CA1 and its Schedules or a reproduction of them.

2. ATTACHMENTS – Provide the following:

- A. \$150 Application Fee.
- B. File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed after initial submission.
- C. Provide the name, full delivery address, and telephone number of the registered agent for service of legal process. The registered agent must be located in Idaho.
- D. File a Form CA2 for each individual designated on Schedules A or C as a *control person*, to include the Responsible Person in Charge.
- E. Responsible Person in Charge (RPIC): This person must demonstrate a minimum of three (3) years' experience specifically related to the type of business conducted by the licensee under the Idaho Collection Agency Act. This person does not have to be an owner, officer, member, partner or director. This person does not have to physically work from the main licensed office location; however, if the RPIC works from any other location, a toll-free number to reach this person during normal hours must be provided to Idaho debtors and the Department.
The following items may be used to demonstrate the required experience in the business to be conducted for the RPIC:
 - i. A résumé that includes *detailed job descriptions, duties or experience* in the business to be conducted under this license; or
 - ii. A notarized certification, signed by someone with signature authority for the licensee that attests to the required experience of the designated RPIC.

- F. Provide a file-stamped copy of the Certificate of Assumed Business Name issued by the Idaho Secretary of State (IDSOS) for use of any fictitious, trade or “doing business as” name(s) to be used in Idaho. Contact the IDSOS at 208.334.2300 for filing information.
- G. If the *applicant* is a corporation, enclose a file-stamped copy of the Certificate of Authority issued by the IDSOS, as well as a copy of the applicant’s Articles of Incorporation, including amendments, and a Certificate of Good Standing issued by the domestic state.
- H. If the *applicant* is a limited liability company (LLC), enclose a file-stamped copy of the Application for Registration of Foreign Limited Liability Company issued by the IDSOS, as well as a copy of the Articles of Organization and operating agreement, and a Certificate of Good Standing issued by the domestic state.
- I. If the *applicant* is a partnership of any form, enclose a copy of the partnership agreement and evidence of filing with the IDSOS. If the *applicant* is a limited partnership, enclose a Certificate of Good Standing issued by the domestic state.
- J. Individual(s) having contact with Idaho citizens or businesses while conducting business activities covered by the Idaho Collection Agency Act must complete a Form CA4 and pay an initial \$20 Registration Fee *per agent* (this is an annual fee after initial payment on registration).
- K. Branch offices need to complete a Form CA3 for each branch. No additional fee is required to register branch offices.
- L. Provide an organization structure chart reflecting parent companies, affiliates and subsidiaries.
- M. Provide a complete detailed written description of the business activities to be conducted in Idaho.
- N. Provide a complete Consent to Service of Process and Consent to Examination of Accounts Form.

3. **FINANCIAL RESPONSIBILITY** – Provide a \$15,000 Idaho Surety Bond or a \$15,000 Certificate of Deposit (CD), in the applicant’s name, FBO (for the benefit of) the Director of the Idaho Department of Finance. Instructions for a CD in lieu of Surety Bond are available on the Department’s website at <http://finance.idaho.gov> in the collection agency forms section. The **original** bond or CD must be filed with the Department. The bond must be fully executed by both the surety company and licensee. A CD must remain in place for a period of three (3) years after cessation of Idaho licensure. **NOTE: The name of the principal insured on the bond/CD must match EXACTLY to the name shown on your license and the entity filing with the Idaho Secretary of State.**

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form CA1

1. **GENERAL**

APPLICANT – The collection agency, debt/credit counselor, debt buyer or credit repair organization applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or executive officer; (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; (iii) in the case of an LLC, Managing Member; or (iv) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual (natural person) named in Item 1A or in Schedules A, B, or C that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, LLC or other organization.

C. EXPLANATION OF TERMS – continued

2. FOR THE PURPOSE OF ITEM 9

CONTROL AFFILIATE – A partnership, corporation, trust, LLC, or other organization that directly or indirectly *controls*, or is *controlled by*, the *applicant*.

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to; acting as or being associated with a bank or savings association, credit union, collection agency, mortgage broker, real estate salesperson or agent, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing to reasonably supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

Applicant full legal name: _____

2. Contact employee information and verbiage:

(A) Registered Agent:

Name and Title (_____) Business Phone (_____) Fax Line _____ e-mail address

PO Box or Number & Street _____ City _____ State / Province & Country _____ Zip+4 / Postal Code

(B) Contact Employee:

Name and Title (_____) Business Phone (_____) Fax Line _____ e-mail address

PO Box or Number & Street _____ City _____ State / Province & Country _____ Zip+4 / Postal Code

(C) Consumer Complaint Employee information:

Name and Title (_____) Business Phone (_____) Fax Line _____ e-mail address

Business Address _____ City _____ State / Province & Country _____ Zip+4 / Postal Code

(D) Physical address of location where the official books and records of the applicant will be kept. Consult each jurisdiction for specific records retention requirements.

Records Custodian Name (_____) Business Phone (_____) Fax Line _____ e-mail address

Business Address _____ City _____ State / Province & Country _____ Zip+4 / Postal Code

3. Enter appropriate number in the box(es) for each jurisdiction:

Use the **CA** box for collection agency/debt buyer, the **DCC** box for debt/credit counselor, and the **CR** box for credit repair.

Enter "1" if *applicant is newly applying* in that *jurisdiction*

Enter "2" if *applicant has a pending application* in that *jurisdiction*

Enter "3" if *applicant is already licensed/registered* in that *jurisdiction*

Enter "4" if *applicant is surrendering/canceling* in that *jurisdiction*

Enter "5" if *applicant was formerly licensed/registered* in that *jurisdiction*.

	CA	DCC	CR		CA	DCC	CR		CA	DCC	CR		CA	DCC	CR
Alabama				Idaho				Montana				Rhode Island			
Alaska				Illinois				Nebraska				South Carolina			
Arizona				Indiana				Nevada				South Dakota			
Arkansas				Iowa				New Hampshire				Tennessee			
California – DOC				Kansas				New Jersey				Texas – OCC			
California – DRE				Kentucky				New Mexico				Texas – SML			
Colorado				Louisiana				New York				Utah			
Connecticut				Maine				North Carolina				Vermont			
Delaware				Maryland				North Dakota				Virginia			
District of Columbia				Massachusetts				Ohio				Washington			
Florida				Michigan				Oklahoma				West Virginia			
Georgia				Minnesota				Oregon				Wisconsin			
Guam				Mississippi				Pennsylvania				Wyoming			
Hawaii				Missouri				Puerto Rico							

Applicant full legal name: _____

Identify below all types collection related business(es)

4. Check type(s) of collection related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.		YES
(A) First party collection		<input type="checkbox"/>
(B) Third party collection		<input type="checkbox"/>
(C) Passive debt buyer (does not undertake direct collections on accounts)		<input type="checkbox"/>
(D) Active debt buyer (undertakes direct collections on accounts)		<input type="checkbox"/>
(E) Debt/Credit counseling		<input type="checkbox"/>
(F) Credit repair		<input type="checkbox"/>
(G) Third party first mortgage servicing		<input type="checkbox"/>
(H) Third party subordinate lien mortgage servicing		<input type="checkbox"/>
(I) Account/Billing service		<input type="checkbox"/>
(J) Judgment recovery		<input type="checkbox"/>
(K) Other _____		<input type="checkbox"/>
5. (A) Will the <i>applicant</i> engage in other business activities not regulated under the Idaho Collection Agency Act?		YES NO
If "yes" briefly describe. _____		<input type="checkbox"/> <input type="checkbox"/>

(B) Will the <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity?		YES NO
If "yes," provide the name(s) of the other <i>person(s)</i> . _____		<input type="checkbox"/> <input type="checkbox"/>
6. (A) Indicate legal status of <i>applicant</i>.		
<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (<i>specify</i>) _____		
<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company		
(B) Fiscal year end (MM/DD): _____		
(C) If other than a sole proprietorship, indicate date and place <i>applicant</i> obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where <i>applicant</i> entity was formed):		
Formation State/: _____ Date of formation (MM/DD/YYYY): _____		
Formation Province & Country _____		
(D) If publicly traded please insert stock symbol: _____		
(E) Trust and Operating Bank Accounts. Provide the name and address of the financial institution(s) where the licensee's general operating and Idaho client trust accounts are/will be located. Attach additional sheets if needed.		
Bank Name (if branch, include branch name): _____		
Address _____ City _____ State _____ ZIP _____		
Trust Account Number(s): _____		
General Operating Business Account Number(s) _____		

Applicant full legal name: _____ **Control Information**

7. (A) Directly or indirectly, does <i>applicant control</i> or is <i>applicant</i> under common <i>control</i> with, any <i>person</i> that is engaged in <i>collection, credit repair, debt/credit counseling, debt buying</i> OR other <i>financial services-related</i> business?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, complete information below for each relationship. In the " <i>Control Relationship</i> " Column", enter "S" if the <i>applicant controls</i> the entity (subsidiary) and "A" if the <i>applicant</i> is under common <i>control</i> with the entity (affiliate). Attach additional sheets as necessary.						
Name of Partnership, Corporation, or Organization	Number and Street	City	State/Province	Zip + 4/Postal Code	Control Relationship	
Provide an organizational chart. Briefly describe <i>control</i> relationship(s), including percentage of interest. Use additional sheets for comments if necessary.						
Schedule A (direct owners) and, if applicable, Schedule B (indirect owners) must be completed as part of all initial applications. Amendments to schedules A and B must be provided on Schedule C as changes occur after initial submission.						
8. Include Qualifying Individual – Responsible Person in Charge who will supervise the business related activities of the applicant conducted under the Idaho Collection Agency Act.						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title	Number and Street	City	State/Province	Zip + 4/Postal Code	

<p>9. If the answer to any of the following is "YES", provide complete details of all events or <i>proceedings</i> in an attachment, including as applicable; name and location of court, docket or case number, and status and summary of event or <i>proceeding</i>; copies of applicable charge(s), order(s), and/or consent agreement(s). Refer to the explanation of terms section of the form CA1 instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.</p>		
Criminal Disclosure		
<p>(A) In the past ten years has the <i>entity</i> or a <i>control affiliate</i>:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(2) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: collection, credit repair, debt/credit counseling, debt buying or related activities OR financial services</i> or a <i>financial services-related</i> business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
Regulatory Action Disclosure		
<p>(C) In the past ten years, has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:</p> <p>(1) <i>found the entity or a control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?</p> <p>(2) <i>found the entity or a control affiliate</i> to have been <i>involved</i> in a violation of a <i>collection, credit repair, debt/credit counseling, debt buying or related activities OR financial services-related</i> regulation(s) or statute(s)?</p> <p>(3) <i>found the entity or a control affiliate</i> to have been a cause of a <i>collection, credit repair, debt/credit counseling, debt buying or related activities OR financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?</p> <p>(4) entered an <i>order</i> against the <i>entity</i> or a <i>control affiliate</i> in connection with a <i>collection, credit repair, debt/credit counseling, debt buying or related activities OR financial services-related</i> activity?</p> <p>(5) denied, suspended, or revoked the <i>entity's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i>, prevented it from associating with a <i>collection, credit repair, debt/credit counseling, debt buying or related activities OR financial services-related</i> business or restricted its activities?</p> <p>(D) Has the <i>entity's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or state or federal contractor ever been revoked or suspended?</p> <p>(E) Is the <i>entity</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 9(C)?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
Civil Judicial Disclosure		
<p>(F)(1) Has any domestic or foreign court:</p> <p>(a) in the past ten years <i>enjoined the entity or a control affiliate</i> in connection with any <i>collection, credit repair, debt/credit counseling, debt buying or related activities OR financial services-related</i> activity?</p> <p>(b) in the past ten years <i>found the entity or a control affiliate</i> to be in violation of any <i>collection, credit repair, debt/credit counseling, debt buying or related activities OR financial services-related</i> statute(s) or regulation(s)?</p> <p>(c) in the past ten years dismissed, pursuant to a settlement agreement, a <i>collection, credit repair, debt/credit counseling, debt buying or related activities OR financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a state or <i>foreign financial regulatory authority</i>?</p> <p>(2) Is the <i>entity</i> or a <i>control affiliate</i> named in any pending <i>collection, credit repair, debt/credit counseling, debt buying or related activities OR financial services-related</i> civil action that could result in a "yes" answer to any part of 9(F)(1)?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
Financial Disclosure		
<p>(G) In the past ten years has the <i>entity</i> or a <i>control affiliate</i> been a <i>collection, credit repair, debt/credit counseling, or a debt buying-related</i> business that has been the subject of a bankruptcy petition?</p> <p>(H) Has a bonding company ever denied, paid out on, or revoked a bond for the <i>entity</i>?</p> <p>(I) Does the <i>entity</i> have any unsatisfied judgments or liens against it?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

<div>Schedule A</div> <div>DIRECT OWNERS AND EXECUTIVE OFFICERS</div>		Applicant full legal name: _____				
		Date of filing (MM/DD/YYYY): _____		Desired Effective Date (MM/DD/YYYY): _____		
1. Use Schedule A only in new applications to provide information on the direct owners and executive officers of the <i>applicant</i> . Use Schedule B in new applications to provide information on indirect owners. File all <u>amendments</u> on Schedule C. Complete each column.						
2. List below the names of: <div><div>(a) each executive officer, including President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions;</div><div>(b) each <i>control person</i></div><div>(c) in the case of an <i>applicant</i> that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, unless the <i>applicant</i> is a publicly traded company;<div>Direct owners include any <i>person</i> that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the <i>applicant</i>. For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.</div></div><div>(d) in the case of an <i>applicant</i> that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;</div><div>(e) in the case of a trust that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, or that has the right to receive upon dissolution, or have contributed, 10% or more of the <i>applicant's</i> capital, the trust and each trustee;</div><div>(f) in the case of an <i>applicant</i> that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and</div><div>(g) the Responsible Person(s) in Charge (RPIC) of supervising the business activities of the <i>applicant</i> must be listed whether or not such persons are owners of the <i>applicant</i>.</div></div>						
3. Are there any indirect owners of the <i>applicant</i> required to be reported on Schedule B? <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>						
4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).						
5. <div><div>(a) In the "Control Person" column, enter "Yes" if the <i>person</i> has "<i>control</i>" as defined in the instructions to form CA1, and "No" if the <i>person</i> does not have <i>control</i>. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "<i>control persons</i>". For each "Yes" response, submit Control Persons Information on form CA2.</div><div>(b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "N/A."</div></div>						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)		Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

Schedule B INDIRECT OWNERS	<i>Applicant</i> full legal name: _____ Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____	
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1. Use Schedule B only in new applications to provide information on the **indirect** owners of the *applicant*. Use Schedule A in new applications to provide information on **direct** owners. File all amendments on Schedule C. **Complete each column.**
2. With respect to each owner listed on Schedule A, (except individual owners), list below:

(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;
For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.

(b) in the case of an owner that is a partnership, **all** general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;

(d) in the case of an owner that is a trust, the trust and each trustee; and

(e) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.
4. Complete the "Status" column by entering status as a partner, trustee, shareholder, etc. and if shareholder, class of securities owned (if more than one is issued).
5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Direct Owner in Which Interest is Owned	Status	% Ownership	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

<div><div>Schedule C</div><div>AMENDMENTS TO SCHEDULES A & B</div></div>	<div>Applicant full legal name: _____</div> <div>Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____</div>
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1. This Schedule is used to amend Schedules A and B of Form CA1. Refer to those schedules for specific instructions for completing this Schedule C. **Complete each column.**
2. In the Type of Amendment (“Type of Amd.”) column, indicate “A” (addition), “D” (deletion), or “C” (change in information about the same *person*).

3. List below all changes to Schedule A (DIRECT OWNERS AND EXECUTIVE OFFICERS):						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Title or Status	% Ownership	Control Person (yes/no)	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID

4. List below all changes to Schedule B (INDIRECT OWNERS):						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded (symbol or n/a)	Company's IRS Tax # or Employer ID